Bio Hazard Waste (Red Cans) Job Sheet

Vendor:	TBD
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Contact: TBD

Email:

Cell#:

Office#:

Fax#:

Biowaste Procedures

- Contact company daily and provide total count of needed bio hazard waste canister exchange. Canisters are located at nurses station, hot zone area, and freight elevator decon rooms (Must call prior to 10 AM)
- When canister is full...
 - 1. Dawn appropriate PPE
 - 2. Tie red bag closed
 - 3. Leave in canister.
 - 4. Secure lid.

(Vendor will take secured canister and bag and replace with clean new canister)

*VENDOR WILL NOT PICKUP UN-TIED BIO HAZARD WASTE CANISTER WITH UNSECURED LIDS!

- Vendor personnel will bring clean canisters up "cold zone" freight elevator, replace with dirty bio hazard waste canisters, and bring dirty/full canisters down via "hot zone" public elevators.
- Clients will place trash outside their room in hallway in secured bags. Site managers/EMTs/Security shall make minimum daily pickups (while wearing appropriate PPEs), and place secured bags into bio hazard waste canister (Red Canisters) located on each occupant floor in freight elevator decon room.
- Freight elevator decon room has delineated warm and cold zones for dawning and doffing of appropriate PPEs.

REGULATED MEDICAL WASTE SERVICE AGREEMENT

Billing Address			Service Address	
Company:			Company:	
Contact Phone: Email: Payment Terms: N		11 months	Contact Alt. Contact: Email: Hours: 24 hours Start Date: 3/26/2020	
Term of agreement: _1Lmonths / Term of renewal: J1_ months Waste Stream(s) Included				
Regulated Medical	Waste 181 Sharps		n-HazardousPharma DTrace Chema DPath Waste	
Frequency of Service				
181 Weekly	D Every 2 Weeks	D Every 4 W	Weeks D Every 8 Weeks D Every 12 Weeks	
Container(s) Included				
D 28 Gal container	28 Gal container 181 38 Gal container 180 D 96 Gal container 180 D 1 Gal to 4 Gal sharps 180 5 Gal to 8 Gal sharps			
Pricing and Volume				
Biohazard & Sharps Disposal			Non-Haz Pharm Disposal	
		Service Frequency: Container Size:		
Service Price: \$ Stop Charge & \$ per container Comments: Service Price: \$				
			Comments:	
Please make note of Agreement comments or additional information below.				
Acceptance of terms and conditions				
Customer I Client Authorized Signature:		Eco Medical Waste Authorized Signature:		
			Signature:	
			Print Name:	
			Date:	